03327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover — LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover RFD
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): near Costen Station

3. NAME OF DECEASED (Type or Print)	(First) SARAH	(Middle) E.	(Last) BAINE	4. DATE OF DEATH (Month) March (Day) 22, (Year) 1952 19
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 1885	9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Sarah Boston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Noah Baine, RFD, Westover, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ill defined	Dk.
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	Aug 1951
	(c) Hypertension	Dk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-1952 to 3-18-1952, that I last saw the deceased alive on 3-18th 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N. E. Pastoris Md.		Pocomoke City Md	3/23/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/52	Christ Meth Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/52	Mrs Orville Bozman	Henry H. Watson, Pocomoke, Md.	

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 19
BUREAU V. S.

03328

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 216 N 4th St.

3. NAME OF DECEASED: (Type or Print) (First) Kensey (Middle) (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) Mar 9 1952

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sep 2. 1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Westover Somerset co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Brown
14. MOTHER'S MAIDEN NAME: Caroline Broughten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Blanch Brown 216 N. 4th St Crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia,	10 days
592X Antecedent cause(s)	DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO Chronic Int. Nephritis Chronic myocarditis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1952, to Mar 9, 1952, that I last saw the deceased alive on Mar. 8, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE George C Cullum M D (DEGREE OR TITLE) ADDRESS Marion, Md DATE SIGNED 3/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Bur.
DATE THEREOF Mar 13-52
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Crisfield Somerset co Md

DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE Betty Massey
FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
MAR 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03329

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (in this place) minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS en route to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 218 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) COLMORE (Middle) E. (Last) BYRD
4. DATE OF DEATH: (Month) (Day) (Year) March 9, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Jan 22, 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Byrd
14. MOTHER'S MAIDEN NAME: Charlotte Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Louise Child, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema -	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.0	(b) Arteria-Sclerotic Heart Disease	years -
	(c) Old age. Senescence.	-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1950, to Mar 9, 1952, that I last saw the deceased alive on Mar 9, 1952 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles Winder MD Pocomoke City Md. Mar. 10, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/11/52	Taylor Memorial Cem.	Temperanceville, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/13/52	R. L. Johnson, M.D.	Dennis & Watson, Pocomoke, Md.

gd.

RECEIVED
MAR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03330

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Lawsonia

3. NAME OF DECEASED: (First) Wilbur (Middle) L. (Last) Byrd

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: Oct. 17, 1891

9. AGE Last birthday: 60 yrs. — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Ice Making

11. BIRTHPLACE (State or foreign country): Crisfield, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Shadrack Byrd

14. MOTHER'S MAIDEN NAME: Mary Jane Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-2990

17. INFORMANT & ADDRESS: Clarence Byrd - Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute dilatation of Heart	1 hr.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocarditis & Nephritis, chronic	years -
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to March, 1952, that I last saw the deceased alive on March 8, 1952, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. G. Pawley M.D. — ADDRESS Crisfield, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 11, 1952 — NAME OF CEMETERY OR CREMATORY: Drummy Ridge — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 3/11/52 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR Maynard L. Covington — ADDRESS Crisfield, Md.

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03331

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 58 Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Tull (Last) Catlin

4. DATE OF DEATH: (Month) (Day) (Year) March 20 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Tull
14. MOTHER'S MAIDEN NAME: Harriett A. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mary Jane Catlin, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Conditions — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

420.1

Antecedent cause(s) DUE TO (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Chronic Myocarditis C. Int. Nephritis — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Mar 20, 1952, that I last saw the deceased alive on Mar 19, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE George C. Cullen M.D. (DEGREE OR TITLE) ADDRESS Marion, Md DATE SIGNED 3-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 23/1952
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 3/22/52
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward J. Coughton ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 27 1952
BUREAU V. S.

03332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover — LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) E. (Last) CHAMBERLIN	4. DATE OF DEATH (Month) March (Day) 14, (Year) 1952
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Jan 17 1867 — 9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James Long	14. MOTHER'S MAIDEN NAME: Mary Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None — 16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: J. Louis Chamberlin, Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia - Acute Dil of Heart — 3 mos.

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Interstitial Nephritis - Chronic Myocarditis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Mar. 14, 1952, that I last saw the deceased alive on Mar. 13, 1952, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE: George C. Coulburn MD (Degree or title) — ADDRESS: Marion, Md — DATE SIGNED: 3-1[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: March 16 1952	NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery	LOCATION (City, town, or county) (State): Rehoboth, Md.
DATE REC'D BY LOCAL REG.: 3/16/52	REGISTRAR'S SIGNATURE: Betty Mussey	24. FUNERAL DIRECTOR: Dennis & Watson, Pocomoke, Md.	ADDRESS

VS. A-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 20 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

3.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) Quindocqua Section

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) G. (Last) CONNER

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 19, 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W. Conner

14. MOTHER'S MAIDEN NAME: Drucilla F. Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lake Conner--Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia - Myocarditis abt — 10 days

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Sputum Showed - Acid fast - bacili borne

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: about 4 yrs ago right lung removed

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Diagnosis Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 9, 1952 to Mar 19, 1952, that I last saw the deceased alive on Mar 19, 1952, and that death occurred at 4:20a. m., from the causes and on the date stated above.

SIGNATURE: George C Cullum M D (Degree or title) ADDRESS: Marion - Md DATE SIGNED: 3-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 22, 1952 — NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery — LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REG. 3/21/52 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: W. Davey Tawes - Crisfield, Md. — ADDRESS

Cause of death: Pneumonia secondary to conditions mentioned in "c".

4-4-52 Dr. Coulbourn

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Worcester~~ Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown — LENGTH OF STAY (in this place) 60 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) FLOYD	(Last) CROPPER	4. DATE OF DEATH	(Month) March (Day) 10, (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 25 1881	9. AGE last birthday 70 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Merchant (Owner)	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Robert J. Cropper		14. MOTHER'S MAIDEN NAME Virginia C. White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Elodie Cropper, Shelltown, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Condition	10 min
443 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Myocarditis + Nephritis - Hypertension	7 or 8 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals Jan, 1945, to March 10, 1952, that I last saw the deceased alive on Dead when called Mar. 10, 1952, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Boulhum		Marion - Md	3-12-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/52	Presbyterian Cemetery	Rehoboth, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/52	Betty Messey	Dennis & Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1952
BUREAU V. S.

Item 21 FilmG140 4-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) W. (Last) Davis Jr.
4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: Jul 27, 1[illegible]
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Marion Sta., Md. Som.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel W. Davis Sr.
14. MOTHER'S MAIDEN NAME: Margie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Samuel W. Davis Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Truck Accident - Shock - Crushed
DUE TO
822.4
Antecedent cause(s) (b) Chest - Internal Hemorrhage
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Truck
(CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) March 18, 1952 M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Dump truck turned over - striking telephone pole throwing him about 30 ft. (4-4-52 ams)

22. I hereby certify that I attended the deceased from ....., 19....., to Mar. 18, 1952, that I last saw the deceased alive on Mar. 18, 1952, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Guy C. Bullbrum M.D. (DEGREE OR TITLE) ADDRESS Marion - Md DATE SIGNED 3-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/23/52
NAME OF CEMETERY OR CREMATORY Branch
LOCATION (City, town, or county) Marion Sta., Md. (State) Som.
DATE REC'D BY LOCAL REG. 3/22/52
REGISTRAR'S SIGNATURE Betty Massey Betty Tyler
24. FUNERAL DIRECTOR Chas. H. Ward, ADDRESS Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03336

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 3½ Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodes Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital	STREET ADDRESS (If rural, give location): Smith Island

3. NAME OF DECEASED (Type or Print)	(First) EFFIE	(Middle) PURNELL	(Last) EVANS	4. DATE OF DEATH	(Month) Mar. (Day) 17, (Year) 1952 19
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Aug. 9, 1889	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Rhodes Point, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jobie Evans	14. MOTHER'S MAIDEN NAME: Rachel Pruitt				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Ben F. Evans--Rhodes Point, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia, Acute Nephritis	about 3 mks
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int. Nephritis, Chronic	1 year
	(c) Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 19.., to Mar 17, 1952, that I last saw the deceased alive on Mar. 17, 19.., and that death occurred at 2:05a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Guillmm	M D	Marion-Md	3-2

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: Mar. 20, 1952	NAME OF CEMETERY OR CREMATORY: Rhodes Point Cemetery	LOCATION (City, town, or county) (State): Rhodes Point, Md.
DATE REC'D BY LOCAL REG.: 3/20/52	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: Crisfield, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) VIRGINIA (Last) FORD

4. DATE OF DEATH: (Month) Mar. (Day) 26, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar. 12, 1906

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Hilton, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Whispell

14. MOTHER'S MAIDEN NAME: Maggie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Raymond Ford--Rt. # 2-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, breast — Interval between onset and death: 3 yrs

170X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Mar, 1952, that I last saw the deceased alive on Mar 26, 1952, and that death occurred at 1:45p. m., from the causes and on the date stated above.

SIGNATURE: C Rawley | (Degree or title) M.D. | ADDRESS: Crisfield, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 28 1952 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REG. 3-28-52 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR: W. Nancy Blackburn | ADDRESS: Marion, Md.

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Fourth St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): North Fourth St.

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Sarah (Last) Fosque

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: March 4, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours 1/2 hr. / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Oscar Fosque

14. MOTHER'S MAIDEN NAME: Sarah Hannah King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Thomas Oscar Fosque - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congenital atelectasis	30 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Difficult breath delivery	
	DUE TO (c)		

76.4

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 19 52, to only, 19....., that I last saw the deceased alive on 3/4, 19 52, and that death occurred at 10 45 a m., from the causes and on the date stated above.

SIGNATURE: Robert F. Lewis (DEGREE OR TITLE) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 3/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 4, 1952

NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 3-4-52

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Thomas Oscar Fosque - Crisfield Md.

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (In this place) 52 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Rt. 2 Box 16

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) Hayward (Last) 1899

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1952

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marrie

8. DATE OF BIRTH: 9-25-1899

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Somerset County

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sidney Mills

14. MOTHER'S MAIDEN NAME: Sarah Hayward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lizzie Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

431X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from March 4th 1952, to March 9 1952, that I last saw the deceased alive on March 4th, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Elsie G. Marksman, Jr. Princess Anne MD 3.11.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-12-52 — NAME OF CEMETERY OR CREMATORY M E — LOCATION (City, town, or county) Pocomoke RFD (State) Md

DATE REC'D BY LOCAL REG. 3/12/52 — REGISTRAR'S SIGNATURE R. H. Johnson, M.D. — 24. FUNERAL DIRECTOR William H. James Jr. Princess Anne, Md — ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Crisfield
LENGTH OF STAY (in this place): 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield, Maryland
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) C. (Last) Horsey

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 21 1865

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months 9 Days 21 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Nelson

14. MOTHER'S MAIDEN NAME: Nancy E. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mildred Wilkins, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arteriosclerosis (generalized) — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

4.5.52

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to 3/18, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton — (DEGREE OR TITLE) M.D. — ADDRESS Crisfield Md — DATE SIGNED 3/19/52

24. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 20/52 — NAME OF CEMETERY OR CREMATORY: Crisfield Cem. — LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG. 3/20/52 — REGISTRAR'S SIGNATURE: Betty W. Tyler

25. FUNERAL DIRECTOR: Durward L. Covington — ADDRESS: Crisfield Md,

RECEIVED
MAR 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 22 Main St.

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) L. (Last) HOWARD

4. DATE OF DEATH (Month) (Day) (Year): Mar. 30, 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 10, 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Howard

14. MOTHER'S MAIDEN NAME: Sallie Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 22 Main St. Mrs. Ada Landon-- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis & angina pectoris	5 yrs
	(c) Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30 19 52, to Mar. 30, 19 52 that I last saw the deceased alive on Mar. 30, 19 52, and that death occurred at 1:00p. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton — (Degree or title) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: 3/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Apr. 2, 1952 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REG. 4/1/52 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: R. Harvey Grasshaw — ADDRESS: Crisfield, Md.

RECEIVED
APR 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion, Md.
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) JAMES (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 9 1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months 2 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General work
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Somerset County, Md
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME: Joshua T. Johnson
14. MOTHER'S MAIDEN NAME: Bitha A. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-3276
17. INFORMANT & ADDRESS: Mildred Johnson - Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute dilation of Heart
DUE TO
331X Antecedent cause(s) (b) Massive Cerebral Hemorrhage — 3 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hypertension - — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arterio-sclerosis — "

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1949, to Mar 21, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Guy C. Cornelius M.D. (DEGREE OR TITLE) ADDRESS Marion Md DATE SIGNED 3-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/25/52
NAME OF CEMETERY OR CREMATORY Library Cemetery
LOCATION (City, town, or county) Marion, (State) Maryland
DATE REC'D BY LOCAL REG. 3/24/52
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR George W. Tilghman, ADDRESS Marion, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63150

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give [illegible]) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 53 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. 4th St.	STREET ADDRESS (If rural, give location): N. 4th St.

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) (Last) LAKE				4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1952 19	
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Dec. 1889	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Federalsburg, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: unknown		14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: James Lake--Crisfield, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pneumonia	1 wks.
480X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Influenza	10 days
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Myocarditis c̄ decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Mar, 1952, that I last saw the deceased alive on 3/6/52, 19....., and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Rawley M.D. Crisfield, Md.

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: Mar. 10, 1952	NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery	LOCATION (City, town, or county) (State): Crisfield, Md.
DATE REC'D BY LOCAL REG.: 3/10/52	REGISTRAR'S SIGNATURE: Betty W. Tyler	24. FUNERAL DIRECTOR: H. [illegible]	ADDRESS: [illegible] Md.

RECEIVED
MAR 12 1932
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Lawsonia Section

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MONROE		LAWSON	Mar. 27, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Widowed	1868	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Crab & Oyster	Crisfield, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lawson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Norman Lawson--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Thrombosis	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized Arteriosclerosis	5 yrs.
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to March 29 1952, that I last saw the deceased alive on March 27, 1952, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md.	3/28/52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Mar. 29, 1952	Asbury Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29-52	Betty W. Tyler	W. Danny Bradshaw	Crisfield, Md.

MAR 31 1952
BUREAU V. S.

Item 18 Film G140 4-4-52 ams
" 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Shelltown
LENGTH OF STAY (in this place) 63
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shell Town
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William T McCready
4. DATE OF DEATH: (Month) (Day) (Year) Mar 21 1952
5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Mar 10-1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Mill work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shell Town Somerset Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Upshuer McCready
14. MOTHER'S MAIDEN NAME: Elizebeth Wilkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-16-3173
17. INFORMANT & ADDRESS: Stanley McCready 74 Delisa ave Roseteel Longeland N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberlosis	3 yrs.
DUE TO		
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO II (c) Chronic Myocarditis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Intervals 1949, to Mar. 21, 1952, that I last saw the deceased alive on Mar. 19, 1952, and that death occurred at 4:00P m., from the causes and on the date stated above.

SIGNATURE Geneva Coulburn MD (DEGREE OR TITLE) ADDRESS Marion - Md DATE SIGNED 3-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Cur
DATE THEREOF Mar 26-52
NAME OF CEMETERY OR CREMATORY Ebeneza
LOCATION (City, town, or county) (State) Mountain Somerset Md

DATE REC'D BY LOCAL REG. 3/25/52
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H. Ward Marion ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03345

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westover; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) Payne Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Douglas	Olsen	March	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	August 21, 1949	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Olsen	Elizabeth R. Larsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		John T. Olsen, Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Traumatic injuries (Fractured Skull, Hemorrhage, Lacerations of Brain, Scalp, Left Eye and Right Leg)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

S24.4 (b) Due to fall from moving automobile

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Deceased child intoxicated when run down and fatally injured as door swung wide open.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Rural, Westover	Somerset	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hours)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
March	1	1952	4 p.m.			See 18. I & II

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from (natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐).*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. R. Fortoriss	Dep. Med. Exam.	Pocomoke City Md	3/1/52

23. BURIAL, CREMATION, REMOVAL, Surgery	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 7, 1952	Cedar Park Cemetery	Harvey	Illinois

DATE RECD BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/4/52	K. H. Johnson, M.D.	Henry H. Nelson	Pocomoke Md.

RECEIVED
MAR 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mc Cready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Cove Street

3. NAME OF DECEASED: (First) Annie (Middle) R. (Last) Somers
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married	Dec. 4, 1863	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Richard Loockerman
14. MOTHER'S MAIDEN NAME: Mary Etta — last name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No. No	None	Frank Somers Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Condition	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) due to General Cesteresis - sclerosis - Endarteritis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangerine of right leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar. 1, 1952	Amputation of leg thru knee for gangrene	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
no			M.		

22. I hereby certify that I attended the deceased from Mar. 1, 1952, to Mar. 20, 1952, that I last saw the deceased alive on Mar. 20, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE: Geo. E. Cullison M.D. (DEGREE OR TITLE) ADDRESS: Marion, Md. DATE SIGNED: 3-22-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 23, 1952	Sunny Ridge	Crisfield, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/52	Betty Massey	Norwood D Corrington	Crisfield, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 30 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) M. (Last) Sterling

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 30, 1869

9. AGE Last Birthday: 82 yrs. — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cullen

14. MOTHER'S MAIDEN NAME: Lavinia C. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Cullen Sterling, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arteriosclerotic Heart disease — DUE TO — Interval between onset and death: 2 years

420.0

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

48.X

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Influenza — 2 wks.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 19 52 to Mar. 23 19 52, that I last saw the deceased alive on Mar. 22, 1952, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Sandra M. Peyton M.D. Crisfield Md. Mar. 24

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** March 25/52 — **NAME OF CEMETERY OR CREMATORY:** Asbury Cemetery — **LOCATION (City, town, or county) (State):** Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 3/25/52 — **REGISTRAR'S SIGNATURE:** Betty W. Tyler

24. FUNERAL DIRECTOR: Howard D. Covington — **ADDRESS:** Crisfield, Md.

RECEIVED
MAR 27 1952
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 5 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) FRED	(Middle) ALONZO	(Last) SWIFT	4. DATE OF DEATH	(Month) Mar. 19, (Day) 1952 (Year) 19
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 30, 1871	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner	11. BIRTHPLACE (State or foreign country): Marion, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Thoedore Swift	14. MOTHER'S MAIDEN NAME: Matilda Matthews				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Burley Swift-Marion, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Acute Dil of heart about 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Int Nephritis Chronic Myocarditis years

177x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of p. estate — not known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb. 1, 1952, to Mar. 19 1952, that I last saw the deceased alive on Mar 19, 1952, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lenge C. Coulbourn M.D.		Marion - Md	3-22-52

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: March 23, 1952	NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery	LOCATION (City, town, or county) (State): Crisfield, Md.
DATE REC'D BY LOCAL REG.: 3/24/52	REGISTRAR'S SIGNATURE: Burley Morse	24. FUNERAL DIRECTOR: Bradshaw Funeral Rooms	ADDRESS: Crisfield, Md

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MAR 27 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, md
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emory (Middle) Johnson (Last) Thomas

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1952

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-8-1917

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post office

10b. KIND OF BUSINESS OR INDUSTRY: mail ~~[illegible]~~

11. BIRTHPLACE (State or foreign country): Princess Anne md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Thomas

14. MOTHER'S MAIDEN NAME: Mary Barkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

493X

Antecedent cause(s) DUE TO (b) Undetermined etiology

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Princess Anne, Somerset, md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? illness

22. I hereby certify that I attended the deceased from Feb 24, 1952 to March 1, 1952 that I last saw the deceased alive on 3/1, 1952 and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE Irvine M. Bradford, MD (DEGREE OR TITLE) ADDRESS 508-5th ave. Pocomoke DATE SIGNED 3/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3-5-52 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Princess Anne, md (State)

DATE REC'D BY LOCAL REG. 3/4/52 REGISTRAR'S SIGNATURE R.H. Johnson M.D. gd

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 5 1952
BUREAU V. S.

02351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) M. (Last) WATKINS

4. DATE OF DEATH (Month) Mar. (Day) 13, (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Apr. 12, 1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor
10b. KIND OF BUSINESS OR INDUSTRY Interior Decorator
11. BIRTHPLACE (State or foreign country) Amityville, Long I., N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Derby
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT AND ADDRESS Austin Watkins--Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Carcinoma~~ Prostatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH unknown

177 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Basal cell carcinoma - [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1951, to 3/12, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 12:15a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Calliott, M.D. ADDRESS Princess Anne Md DATE SIGNED 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Mar. 15, 1952
NAME OF CEMETERY OR CREMATORY Rehobeth Presbyterian
LOCATION (City, town, or county) (State) Rehobeth, Md.

DATE REC'D BY LOCAL REG. 3/15/52
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. jd
24. FUNERAL DIRECTOR H. Harvey Bradshaw - Crisfield Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-413

RECEIVED
MAR 18 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEALS ISLAND
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEALS ISLAND, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) GEORGE (Middle) E. (Last) WEBSTER

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 19 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	MARRIED	MARCH 11, 1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
SEXTON	CHURCH	DEALS ISLAND	U.S.A.

13. FATHER'S NAME: COLUMBUS F. WEBSTER
14. MOTHER'S MAIDEN NAME: MARGARET WEBSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N			MRS. ROSA WEBSTER, SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	1-2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerosis	
	DUE TO (c)	

3344

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1952, to 3/13, 1952 (R.C.) that I last saw the deceased alive on 3/9, 1952 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert Calicott, M.D. Princess Anne 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-16-52	ST. JOHNS	DEALS ISLAND.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/52	Lola T. Wheatley	L. Kay Webster	Deals Island, Md.

VS. A15 8-51

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15 8-51

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
MARYLAND — LENGTH OF STAY (in this place): 8 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Princess Anne R.R. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Princess Anne
STREET ADDRESS (If rural, give location): Princess Anne Route # 2

3. NAME OF DECEASED (Type or Print): (First) Jefferson (Middle) Davis (Last) Webster

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20 1864

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Canned Tomatoes

11. BIRTHPLACE (State or foreign country): Mt Vernon Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hamilton C. Webster

14. MOTHER'S MAIDEN NAME: Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Irma Reading Princess Anne R.R. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Myocardial Failure — 1 day
DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Generalized arterial Sclerosis — several yrs
DUE TO
(c) Senility — years

4221

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/29 to 3/1/52, 19....., that I last saw the deceased alive on 2/27, 19 52, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS — DATE SIGNED
Chas. B. Wallace M.D. Princess Anne

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 3/3/52
NAME OF CEMETERY OR CREMATORY: Allen Cemetery
LOCATION (City, town, or county): Allen
(State): Md.

DATE REC'D BY LOCAL REG. 3/3/52
REGISTRAR'S SIGNATURE: R.H. Johnson M.D.
24. FUNERAL DIRECTOR: James L. Kenman
ADDRESS: Princess Anne

RECEIVED
MAR 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03353

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fairmount
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairmount Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location) Fairmount Md.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) T. (Last) White Sr.

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (write) Married

8. DATE OF BIRTH: July 15 1877

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leslie White

14. MOTHER'S MAIDEN NAME: Estelle Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lewis Long, Princess Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial failure	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension	under
	DUE TO (c)		

443+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/52 19..... to 3/27 ....., 19 52 that I last saw the deceased alive on 3/26 ....., 19 52 and that death occurred at 6.20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hier. B. Wheatley M.D. Princess Anne 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/30/52

NAME OF CEMETERY OR CREMATORY Col Cemetery

LOCATION (City, town, or county) (State) Fairmount Md.

DATE RECD BY LOCAL REG. 3/29/52

REGISTRAR'S SIGNATURE R.D. Johnson, M.D. gd.

24. FUNERAL DIRECTOR ADDRESS James L. Harmon Princess Anne Md.

RECEIVED
APR 17 1952
BUREAU V. S.

03354

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; LENGTH OF STAY (In this place) lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 S.4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural, give location) 12 S. 4th.St.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) HENRY (Last) WHITTINGTON

4. DATE OF DEATH: (Month) (Day) (Year) March 3,1952

5. SEX: ~~White~~ male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct.25,1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (State or foreign country): Crisfield R.F.D., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennard Williams

14. MOTHER'S MAIDEN NAME: Emily Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Martina Whittington-Crisfield, Md. 12 S.4thst.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — Interval between onset and death: 2 days

470X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1952, to only, 19....., that I last saw the deceased alive on 3/3, 1952, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

SIGNATURE: Robert F. Lewis (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 3/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Mar.6,1952 | NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 3-6-52 | REGISTRAR'S SIGNATURE: Bettye W. Tyler | 24. FUNERAL DIRECTOR: W. Harvey Bradshaw - Crisfield, Md. ADDRESS

RECEIVED
MAR 10 1952
BUREAU V. A.